## CADRE DITY MOVE CHECKLIST

## DITY CHECKLIST AND CERTIFICATION OF EXPENSES

Name:	SSN:					
	2 Ominin-1 DD	2270				
		2 Original DD 2278 1 Original DD 1351-2 with legible address, dates and member signature				
· · · · · · · · · · · · · · · · · · ·	B					
	2 Certified ong	2 Certified original empty weight ticket with name, SSN, signature of weight master				
	2 Certified load	2 Certified loaded original weight ticket with name, SSN, signature of weight master				
	1 Dity Checklist with claimable amounts, name, SSN, dates and member signature (legible)					
		ing equipment receipt				
	l Payment vou	cher for advance operating allowa	nce			
	l Copy of regis	stration(s) for POV(s), boats(s), or	trailer	(s), if applicabl	e	
	2 Copy of orde	rs with endorsements or amendme	ents			
*****		nd SSN are on all documents				
****	Be sure all documents are dated properly					
*****	Be sure all docu	ments requiring signature of mem	ber are	e signed		
****	Be sure to keep	a copy of everything turned in for	payme	nt		
	It is suggested	d that you send your paper work -	"Retur	n Receipt Requ	ested" for mail-ins	
dollies, tow bar	s, auto transporters, ins	payments to rental companies for rental vel il, tolls and weighing expenses. Expenses urance, sales tax, meals and lodging. BE SUPPORTED BY EXPENSE IS	not clair	nable include, but	are not limited to: tow	
				Claimed	Paid	
		Rental Vehicle Expense:	\$	Claimed	\$	
		Gas, Tolls & Weighing Fees:	Ψ		Φ	
		Moving Equipment:				
		Other Expenses:				
			-			
		Total Moving Expenses Claim	ied:			
I certify the a	above amounts have	e been incurred as expenses on my	/ Dity l	Move		
		From:	, -	.10.0		
		To:				
			_			
		PRIVACY ACT STATEMI	<u>ENT</u>			
Internal Revenue Voluntary failure Expenses certified Federal Tax withl	Service. Routine uses:  to furnish information red on this statement reduce holding will be 28% of inthe penalty for will.	404-427, and E.O.9297. Principle purpose: to maintain a numerical identification syste To substantiate claims for incentive payment equested may result in partial or total denial e taxable income reported on form W-2 and centive payment (Entitlement minus expense fully making a false statement of cyears, or both (U.S.C., Title 18, Second	m for inc is for mo- of claim may not es).	lividual claims and to vement of household and/ or improper tax be claimed again as a maximum fir	to report income to d goods. <u>Disclosure</u> : a application. <u>Note</u> : moving expenses.	
Signature			Date			